



PERMIT #: _____

APPLICATION FOR:

☐ WINDOW SIGNAGE

☐ NEW SIGN

☐ TEMPORARY SIGNAGE

☐ PARKING SIGNAGE

☐ FACE CHANGES (ONLY WHEN PREVIOUS BUILDING PERMIT WAS GRANTED)

Job Address: _____ PCN# _____

Estimated Value of Signage \$ _____

Description of Signage (Include TWO copies of visuals depicting location and size)

Owner

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Tenant (☐ Check if same as owner)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Authorized Agent (If applicable)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor (If applicable)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant is hereby required to obtain a building permit to install signage as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all codes, laws, rules, and regulations in this jurisdiction. If the installation has commenced prior to the issuance of a permit, three times the amount owed will be assessed.

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS
FEES ARE NOT REFUNDABLE



PERMIT #: _____

OWNER/TENANT/AUTHORIZED AGENT AFFIDAVIT (owner affidavit required if Tenant signs):

I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable codes, laws, rules, and regulations governing construction/installation and zoning.

Signature of Property Owner or Authorized Agent
or Tenant* (*Owner Affidavit Required)

Date

Print Name of Property Owner or
Authorized Agent or Tenant

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by:

_____ who is personally know to me or who has produced _____
as identification and who did not take an oath.

Notary Public

(Seal)

Signature of Contractor

Date

Print Contractor's Name

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by:

_____ who is personally know to me or who has produced _____
as identification and who did not take an oath.

Notary Public

(Seal)

APPLICATION APPROVED BY: _____ DATE: _____

A COPY OF CONTRACT MUST BE PROVIDED BY CONTRACTOR

Note: This permit is VOID after 180 days OR the time limit set for any individual signage permit, as is determined by the Town Code of Ordinances. All Contractors must have valid State Certification or County Competency plus County and City Business Tax Receipts prior to obtaining a permit.

ANY CHANGE IN PLANS OR SPECIFICATIONS MUST BE RECORDED WITH THIS OFFICE. ANY WORK NOT COVERED ABOVE MUST HAVE A VALID PERMIT PRIOR TO COMMENCEMENT OF WORK. IN CONSIDERATION OF GRANTING THIS PERMIT, THE OWNER, TENANT, AND CONTRACTOR AGREE TO ERECT THIS SIGNAGE IN FULL COMPLIANCE WITH THE ZONING CODES. MOUNTING, ELECTRICAL WORK, AND ANY OTHER BUILDING CODE RELATED WORK IS NOT COVERED UNDER THIS PERMIT; A SEPARATE BUILDING PERMIT IS REQUIRED.

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS
FEES ARE NOT REFUNDABLE



PERMIT #: _____

SINAGE FEE CALCULATION

Type of Signage

Windows Signage: \$50.00
Temporary Signage: \$100.00
All other signage: \$100.00 up to \$3,000 value or \$200 if more

Estimated Value of Signage: \$ _____

Total Amount Due: \$ _____

Receipt number: _____

Date Issued: _____



PERMIT #: _____

OWNER AFFIDAVIT FOR SIGNAGE PERMIT

AUTHORIZING TENANT/AGENT TO APPLY FOR PERMIT

To the attention of the Community Development Department

I, _____ (“Property Owner”), of _____
 (“Address”), authorize _____ (“Applicant”), to apply for and receive
 a signage permit for my property located at _____. I understand that there
 will be a minimum of one final inspection required in order to close out the permit and that failure
 to comply with the requirement will result in an expired permit and Code Enforcement action.

Signature

STATE OF FLORIDA
PALM BEACH COUNTY

SWORN TO OR AFFIRMED before me this _____ day of _____, 20____.

By: _____ () who has produced as identification
 () whom I know personally

Notary Public



PERMIT #: _____

OWNER AFFIDAVIT FOR SIGNAGE PERMIT (if Owner applies for permit)

(NOT required if a Contractor is applying for the permit)

To the attention of the Community Development Department

I, _____ (“Property Owner”), of _____
 (“Address”), acknowledge that I am solely responsible for the signage permit # _____. I
 am about to receive. I understand that I am taking full responsibility and am liable for all work
 related to this permit. I understand that there will be a minimum of one final inspection required
 in order to close out the permit and that failure to comply with the requirement will result in an
 expired permit and Code Enforcement action.

Signature

STATE OF FLORIDA
PALM BEACH COUNTY

SWORN TO OR AFFIRMED before me this _____ day of _____, 20____.

By: _____ () who has produced as identification
 () whom I know personally

Notary Public